# DOCKET FILE COPY ORIGINAL RECEIVED & INSPECTED

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To: Federal Communications Commission

Office of the Secretary 445 12<sup>th</sup> Street, SW Room TW-A325 Washington, DC 20554 FCC - MAILROOM

From: Amy C. Grasmick, Director

Kimball Public Library - Entity 121803

67 North Main Street Randolph, VT 05060 p: 802-728-5073 f: 802-728-6735

t: 802-728-6735

kimball\_acg@hotmail.com

Re: Form 486 #362615

10/31/06

## Request for Waiver - CC Docket No. 02-6

To whom it may concern:

On the advice of Natasha in the Client Services Department at USAC, I am seeking a waiver of an FCC E-Rate rule.

Upon submitting Form 486 for Funding Year 2006, I received notification that "FCC rules require that an entity have a written Technology Plan, consistent with the products/services requested on their Form 471, which must be approved in order to receive support for services other than basic local, long distance or cellular service." (Attachment A)

In Form 471 for Funding Year 2006 (Attachment B), I specify that Kimball Library is applying for E-Rate funding for telecommunications services only. Therefore, "no technology plan [is] needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only."

Form 471 for Funding Year 2006 refers to Form 470 for Funding Year 2003 (Attachment C). I specify in Form 470 that Kimball Library, as an entity of the Town of Randolph, is part of a Centrex system. I further specify that Kimball Library is applying for basic telephone service only. The Town of Randolph sought and signed a new contract for Centrex service on March 1, 2003; this contract will expire on February 28, 2010.

It has been my understanding since December 2002 that the two telephone lines that serve Kimball Library on the Town of Randolph's Centrex system qualify as basic telecommunications service. However, Kenneth Stibitz with the Program Compliance Department informs me that current E-Rate rules specify that Centrex service does not qualify as basic service. Mr. Stibitz did indicate that it is possible that this rule was introduced *after* I submitted Form 470 for Funding Year 2003.

Since Kimball Library continues to request E-Rate funding for basic telecommunications services only, albeit on a Centrex system, I seek a waiver of the requirement to submit a technology plan. As an entity of the Town of Randolph, Kimball Library does not have the freedom to select its own telecommunications service provider; nor would it be economical to do so, as service would almost certainly be more expensive to purchase separately. This higher cost would translate to a request for more funding from E-Rate. Nor is it reasonable to place the burden of submitting a technology plan on a small library, when none of the elements of such a plan is funded with E-Rate discounts.

I look forward to your positive response to my request.

Sincerely

Arny C. Grasmick

Director

Attachment C

FCC Form 470 Do not write in this area.					Approval by OMB	
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	Sa	hools and	1 Librari	es Unive	ersal S	ervice
	Description of	of Service:	s Reque	sted and	d Certi	fication Form 470
	•		erage Burden			
						ou seek so that this data can be posted on lial customer and compete to serve you.
_		<u> </u>				www.sluniversalservice.org)
	blicant's Form Identifier: 닠 ste your own code to Identify THIS Fo		PHONE			
BI	ock 1: Applicant	Address a	and Iden	tificatio	ns	
1	Name of Applicant (30 charact	iers max.) KIV	BALL'	PUBLI	C LIE	SPARY
2	Funding Year: July 1, 2003	through June 30,	,2004	3 Your Entity	/ Number (u	p to 10 digits) 121803
4a	Street Address, P.O. Box,	67 N. M.	AIN ST			
	or Route Number					
	CITYPANDOLPH		State VT		Zlp Code	05060
b	Telephone Number (10 digits	+ ext.)	<u>802) 7.8</u>	<u>8 5073</u>	ext	<del></del>
С	Fax Number (10 digits)		()	<u></u>	···	
d	E-mail Address (50 characters	max.) kimb	all-acc	7@hoti	mail.	com
5	Type of Applicant	Library Individual School				ry consortium applying as a library)
Ì		School District	•	•		district representing multiple schools)
		Consortium	(intermediate ser	vice agencies, st	ates, state ne	tworks, special consortia)
6a	Contact Person's Name		PASMIC	Κ		
ļ	First, fill in every item of the the the check the box next to the					
b	Street Address, P.O.		<del></del>		····	
	Box, or Route Number					
	City	<del></del>	State		Zip Code	•
c	Telephone Number (10 c	digits + ext.)	(	ext		
d	Fax Number (10 digits)	_ <del></del>	()			
e	E-mail Address (50 char	acters max.)				
BI	ock 2: Summary	Description	on of Ne	eds or S	ervice	s Requested
7	This Form 470 describes	•		ed at remillater	Indose for	which the applicant has no signed, written
8	contract. A new Form 47		, .			what the approximation to agrica, white
Ь	services for each funding	g year.		•		new Form 470 must be filed for these
C	Services for which a new					
d	A multi-year contract sign	ned on or before 7	710/97 but for w	hich no Form	470 has bee	en filed in a previous program year.
	NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.					

Entity Number 12180	3	Applicant's Form Identifier 470, 2003, PHONE				
Contact Person AMY C	GRASMICK	Phone Number 802-728-5073				
What kinds of service are you seeking: Telecommunications Services, Internet Access, or Internal Connections?  Refer to the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or						
сатедоп	es (8, 9, and/or 10 below), and answe	r the questions in each category you select.				
8 💢 Telecommun	lications Services					
	equest for Proposal (RFP) that specifies the se					
	RFP. It is available on the Web at					
or vie (check or h NO, I do not he	ne) the Contact Person in Item 6 or the ave an RFP for these services.	contact listed in Item 11.				
		ons Services you seek. Specify each service or function				
•		existing lines plus 10 new ones). See the Eligible Services List				
,		munications Services, and remember that only common carrier				
	, ,	er the universal service support mechanism. Add additional pages if needed.				
Service or Func	<del></del>	Quantity and/or Capacity				
CENTRE	= 1	28 EXISTING LINES				
9 🔲 Internet Acce	988					
Do you have a Ro	equest for Proposal (RFP) that specifies the se	ervices you are seeking?				
a 🗌 YES, I have an	n RFP. It is available on the Web at					
	one) the Contact Person in Item 6 or the					
	eve an RFP for these services.					
If you answer	ed NO, you must list below the Internet Access s	ervices you seek. Specify each service or function (e.g., monthly				
	•	rs). See the Eligible Services List at www.sl.universalservice.org				
for exemples of	of eligible Internet Access services. Add additions	al pages if needed.				
Service or Fund	tion	Quantity and/or Capacity				
l						
······	**************************************					
10 🔲 Internal Cont	nections					
	equest for Proposal (RFP) that specifies the se	ervices vnu are seeking?				
	RFP. It is available on the Web at	n rive you at a vasturig.				
`	one) the Contact Person in Item 6 or the	a contact listed in Item 11 below				
	ave an RFP for these services.	3 CONTROL HOLOG IN NORTH 11, SCIENCE				
		ons services you seek. Specify each service or function				
		onnecting 10 rooms and 300 computers at 56kps or better).				
1		examples of eligible Internal Connections services.				
_	pages if needed.	ordinary of angula manna a minimum and a min				
Service or Fund	<u> </u>	Quantity and/or Capacity				
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		iber 12-1803	×	App	licant's Form Identifier	470,2003 P	HONE	
Conta	ict Pe	inson AMY C.	JEACMICK.	Pho	ne Number <u>202 – '</u>	128-5073		
	(Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.							
_	Nam	e			Title			
	Tele	phone Number (10 di	gits + ext.)	(	ext			
	Fax	Number (10 digits)		<u>()</u>				
	E-ma	ail Address (50 charac	cters max.)	······································		· · · · · · · · · · · · · · · · · · ·		
12	_	providers may con	tact you or on oth I/or provide a Wel	er bidding proce b address where	dures. Please descr they are posted and	regulations on how or vibe below any such rest d provide a contact name	trictions	
				•	•	al services in future year ng the likely time-frame		
No	nck	3: Technol	οαν Δεερεί	sment	<del> </del>			
		Basic telephone	service only:	If your applicat	ion is for basic loca heck this box and s	al and/or long distance skip to Item 16.	e	
15	effe appl	ctive use of the elig	ible services requ basic telephone	ested in this appearance, you must	plication, Unless you	re usually necessary to indicated in Item 14 the box in (a) through (e).		
	a b	Desktop software: Soft Electrical systems:	adequate ele	has been purcha- ctrical capacity is in electrical capacity	place or has already bee	being sought. n arranged; and/or		
		Computers: a sufficient			as been purchased; and/o	_ ` '		
	d e	Computer hardware me Staff development	all staff have	had an appropriate	have been made; level of training/additiona	end/or Lare being Itraining has already been s	_	
	f	and/or Additional details: Use	training is bei		help providers to identify	the services you desire.		
1	_							
l				<del></del>	<del></del>	**		

		reon AMY C CIRASMIC	Applica Phone 1	nt's Form Identifier 470, 2003 PHONE Jumber 802-728-5073			
Ble	Block 4: Recipients of Service						
		ible Entities That Will Rece					
				eligible entities that will receive the services			
	_	- •	•	entities that will pay the bills for these services.			
а	_	Individual school or single-site!	•				
b	О	Statewide application for (enter	2-letter state code)	representing (check all that apply):			
		All public school	s/districts in the state.	:			
		All non-public so	chools in the state.				
		All libraries in the	e state				
		Does your statewide application in	clude INELIGIBLE entities	?			
С	×	School district, library system, o	r consortium application	n to serve multiple eligible entities:			
		Number of eligible entitles	1				
				ease provide the following:			
		Area Codes	Pref	xes associated with each area code			
		(list each unique area code)	72-8	(first 3 digits of phone number)			
			10-0				
			· · · · · · · · · · · · · · · · · · ·				
		Does your application include a	ny INELIGIBLE entitles?	☐ No ☐ Yes. If yes, complete Item 18.			
17		ed Entities	Alice 1:11 - Alice 41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4				
				vider for the services requested in this application. ust be completed. Attach additional sheets if necessary.			
		Entity	···	Entity Number			
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Ì							
		<u> </u>					
18				so seek bids on services to entities that are not eligible			
	for the Universal Service Program? If so, list those entities here (attach pages if needed):						
		Ineligible Participa	<del></del>	Area Code and Prefix 802-728-			
		TOWN MANAGER		802-728-			
			OFFICE	802-728			
	**:		NING DEPT	802 - 728 -			
		USTERS' DEFICE	-	802-77-8-			
				(CONT.)			

Entity Number 121803 Applicant's Form Identifier 470.2 Phone Contact Person Amy C. Grasmick Phone Number 802-728-5073

18 (cont.) Ineligible Participating Entities
Highway Department
Recreation and Parks Department
Water Department

Area Code and Prefix
802-728802-728802-728-

Entity Number 121803 Applicant's Form Identifier 470, 2003, PHONE Contact Person HMV C GRASMICK Phone Number 802-728-5073					
Block 5: Certification and Signature  19 The applicant includes: (Check one or both.) a					
b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).					
All of the individual schools, libraries, and library consortia receiving services under this application are covered by:  a individual technology plans for using the services requested in the application; and/or  higher-level technology plans for using the services requested in the application; or  no technology plan needed; application requests basic local and/or long distance telephone service only.					
Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):  a					
22 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.					
23 I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.					
24 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.					
25 Signature my ( 26 Date 12/5/02					
27 Printed name of authorized person AMV CCIRASMICK					
28 Title or position of authorized person LIBRARY DI RECTOR					
29 Telephone number of authorized person: (802) 728-5073 ext.					
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.					
Service provider involvement with preparation or certification of a Form 470					

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at www.sl.universalservice.org/vendor/manual/chapter5.doc or call the Client Service Bureau at 1-888-203-8100.





### Universal Service Administrative Company Schools & Libraries

80 South Jefferson Road Whippany, New Jersey 07981

Fax: 973-599-6582

#### **FAX TRANSMISSION COVER SHEET**

To:

Amy Grasmick

Fax:

1-802-728-6735

Subject:

E-rate application 492738 - 486# 362615 - Tech Plan Review - KS

From:

ProgCompliance2

Date:

October 17, 2006

Time:

1:30:29 PM

YOU SHOULD RECEIVE 4 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL THE CONTACT SPECIFIED BELOW.

Ms. Grasmick.

Attached is a list of documents required to process your 486 application. Please fax or e-mail the requested information to my attention within 15 calendar days. Be sure to sign the cover sheet of your fax.

- · If you e-mail, do NOT click "reply". Create a new e-mail using the address shown below.
- In all correspondence, please make sure to include your Full Name and Official Title.
- If you have any questions, please feel free to contact me.

#### **Privilege and Confidentiality Notice**

The information in this telecopy is intended for the named recipients only. It may contain information that is privileged, confidential or otherwise protected from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied material is strictly prohibited. If you have received the telecopy in error, please notify us by telephone immediately and mail the original to us at the above address. Thank you.

Please keep in mind that we require a response with in a total of 15 calendar days.

If you have previously responded to a request for a tech plan, and the current Tech plan referenced for the 486 **362615** is the same, as the prior request, please indicate the 486 that the original request was based upon.

Thank you for cooperation and continued support of the Universal Service Program.

Best Regards,

Kenneth Stibitz

Schools and Libraries Division

Program Compliance

Voice: 973-581-5119

Fax: 973-599-6582

kstibit@sl.universalservice.org



Date: October 17, 2006

Dear Amy Grasmick Kimball Public Library 802-728-5073 Form 486 362615 486 Identifier(s) 486.2006

RESPONSE DUE DATE: November 2, 2006

The Program Compliance team is in the process of reviewing your Funding Year 2006 Form 486 Receipt of Service Confirmation Form for schools and libraries discounts to ensure that it is in compliance with the rules of the Universal Service program.

FCC rules require that an entity have a written Technology Plan, consistent with the products/services requested on their Form 471, which must be approved in order to receive support for services other than basic local, long distance or cellular service. Additionally, applicants must confirm in their Form 486 that their technology plan was approved before they began receiving services. Answer all of the following questions and provide the requested documentation as indicated. Fax or e-mail the requested information to my attention.

Please send the requested information within 15 calendar days from the date of this letter. It is important that we receive all of the information requested so we can complete our review. Failure to do so may result in a reduction or rejection of the Form 486. If you need additional time to prepare your response, please let me know as soon as possible.

- Does your school/library have an approved technology plan(s), which is/are consistent with the products/services requested on your Form 471 and funding requests listed on your Form 486? Yes or No. If no, please provide an explanation detailing why.
- Please provide a copy of your approved technology plan(s) for all non-basic telecommunications funding requests listed on your Form 486 for the period of service for which you have sought discounts.
- Please specify in writing the creation date(s) (month/year) of each Technology Plan submitted. [The technology plan creation date is the month and year the technology plan was written, not the date when you began to develop or draft it. The technology plan must be created in
- sufficient detail to support the services requested on your Form 470, and the creation date must be prior to the date your Form 470 is posted.]

- Does your school/library possess the Technology Plan Approval Letter(s) issued by the Certified Technology Plan Approver for all funding requests listed on your Form 486? Yes or No. If no, please provide an explanation detailing why.
- Please provide copies of all Technology Plan Approval Letters pertaining to all non-basic telecommunication funding requests listed on your Form 486.
- If you are a consortium, please provide the technology plans and Technology Plan Approval Letters for each entity in your consortium for all non-basic telecommunications funding requests listed on your Form 486 (OR if consortium with more than 350 entities): please provide all Technology Plan Approval Letters and Technology Plans for the following entities (insert names of the randomly selected entities for this consortium).

If you must provide multiple Technology Plans and/or Approval Letters, clearly identify on the documentation which FRN the document supports.

If you have already submitted a Technology Plan(s) and/or Technology Plan Approval Letter(s), please indicate when and to whom you submitted the documents. Or, if your technology plan and/or Technology Plan Approval Letter is located on your website, please provide the Internet address.

If you are located in the area directly affected by the Hurricane Katrina and you incurred substantial damage as a result of Hurricane Katrina your original technology planning documentation has been destroyed, you are requested to either seek to recreate the destroyed documentation or to request copies of documentation from other parties, such as service providers or technology plan approvers. If your original documentation cannot be replaced or recreated, kindly contact me for further details.

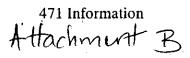
For additional information on Technology Planning, please refer to the USAC Website: http://www.usac.org/sl/applicants/step02/faq-about-technology-planning.aspx

Should you wish to cancel this Form 486 application, or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel this Form 486 or specific funding request numbers (FRNs). If you intend to cancel any of your funding requests, you should file an FCC Form 500 Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form.

Thank you for your cooperation and continued support of the Universal Service Program.

Best Regards, Kenneth Stibitz Schools and Libraries Division Program Compliance Voice: 973-581-5119 Fax: 973-599-6582

kstibit@sl.universalservice.org



FCC Form 471		Do not write in this area.	Appri				
This fo		Description Estin ties to list the eligible Fund Administra ructions before be	ator can set aside sufficient support to reimbu	tification Form 471  bonse: 4 hours  we ordered and estimate the annual charges for the ordered and estimate the ordered and estimate the ordered and estimate the ordered annual charges for the ordered annual charges.			
Applic (Create form 471	ant's Form Identifier your own code to identify )	гні <b>s 471.2006</b>	Form 471 Ap (To be assigned	oplication# 492738 by administrator)			
Block	1: Billed Entity Inf	ormation (The "B	illed Entity" is the entity paying the bills for th	e service listed on this form.)			
1 a	Name of Billed Entity	KIMBALL PUBLI	CLIBRARY				
2 a	Funding Year: July 1,	2006 Through Ju	ne 30: 2007	Billed Entity Number:121803			
4 a	Street Address, P.O. Box, S MAIN ST or Routing Number						
	City	RANDOLPH		and the second of the second o			
	State	VT	,	Zip Code 05060			
b	Telephone Number	802-728-5073		c Fax Number			
5 a	Type of Application    Individual School (Individual public or non-public school)						
6	Contact Person's Name	Amy C. Grasmic	Amy C. Grasmick				
	First, if the Contact Person's Street Address is the same as in Item 4, check this box. If not, please complete the entries for the Street						
b	Street Address, P.O. Box, or Routing Number	S MAIN ST					
	City	RANDOLPH					
	. State	VT .		Zip Code 05060			
ু আ	Telephone Number	802-728-5073		d Fax Number			
∥┌.	E-mail Address		otmail.com	enterente de la companya de la comp			
f	Holiday/vacation/summer contact information						

Page 1 of 7



FCC Form 471 - Nov

Entity Number	121803	Applicant's Form Identifier	471.2006
Contact Person	Amy C. Grasmick	Phone Number	802-728-5073
information on the F subsequent Forms	I facilitate the processing of your applications. Ple FIRST Form 471 you file, to encompass this and a 471. Provide your best estimates for the services districts complete Item 7. Libraries comple	ıll other Forms 471 you will file for this fund ordered across ALL of your Forms 471.	ing year. You need not complete this
Block 2: Impact	of Services Ordered on Schools		
	NOT APPLICABLE AS THIS	S APPLICATION IS FOR LIBRA	ARY
	of Services Ordered on Libraries THIS APPLICATION INCLUDES LIBRAI	RIES BEF	ORE ORDER AFT
7a Nu	mber of students to be served		
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or war and a common when we consider a constant			
The property of the second			
Worksheet B Sum. Discou		Outlets/Branches: 1 Discount: N/A	
2. Entity Nun	nme: KIMBALL PUBLIC LIBRARY FS nber: 121803 strict where library outlet/branch is	•	ST S U 28 4. Discou
ı	Block 5:	Discount Funding Request(s)	
Son a company of the control of the			
FRN: 1360856			
10. Original F	of Service: Telecommunications	12 470 Application Number	722410000441700
Service	or service: relecommunications	12. 470 Application Number	. 732410000441799
13. SPIN: 143	004191	14. Service Provider Name: Corp.	CTC Communications
15a. Non-Cor Service: N	ntracted tariffed/Month to Month	15b. Contract Number: N/A	
	under State Master Contract: N	15d. FRN from Previous Yea	r: 1076425
16a. Billing A	ccount Number: 802-728-5073	16b. Multiple Billing Accoun	it Numbers?: Y
	Contract Date: 01/09/2003	18. Contract Award Date: 03	
19a. Service	Start Date: 07/01/2006	19b. Service End Date:	

21.		20. Contract Expiration Date: 02/28/2010						
	1. Attachment #: 471.2006 #21			22. Block 4 Entity Number: 121803				
23a.		thly Charges: \$73.0			23b. Ineligible monthly amt.: \$.00			
		ible monthly amt.: \$		23d. Number of months of service: 12				
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$876.00								
\$.00	)	ual non-recurring (or			3g. Ineligible non-recurring amt.: \$.00			
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00								
		l program year pre-c		3e + 23h): \$876.00				
23j. % discount (from Block 4): 70 23k. Funding Commitment Request ( 23i x 23j): \$613.20								
AN MARKET TO A STATE OF			Block 6:	Certifications and S	ignature			
App	olica	ation ID:492738	Do not write	in this area.				
Ent Nu	lity mber	121803		Applicant's Form Identifier	471.2006			
11	ntact rson	t <u>Amy C.</u> Grasmick		Phone Number	7285875			
Blo	ck 6	: Certifications a	and Cinamahaana					
		o. Certifications a	na Signature					
24.	V.	I certify that the entities	s listed in Block 4 of this		for support because they are: (check			
24.		I certify that the entitie one or both) schools under th	s listed in Block 4 of this	of elementary and second	dary schools found in the No Child Left			
24.	a. b.	I certify that the entities one or both) schools under the Behind Act of 2 and do not have libraries or library Services budgets are con	s listed in Block 4 of this ne statutory definitions of 2001, 20 U.S.C. Secs. 7 endowments exceeding y consortia eligible for a and Technology Act of	of elementary and second (801(18) and (38), that do g \$50 million; and/or assistance from a State li 1996 that do not operate				
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е.		Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items \$702.80 25c and 25d.)
₹.		Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.
26.	V.	I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans are written at the following level(s):
	a. b. c.	an individual technology plan for using the services requested in this application; and/or higher-level technology plan(s) for using the services requested in this application; or no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
27.	₽.	I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
28.	V	I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
29.	Į <b>∵</b>	I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.
30.	V	I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
31.	V	I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
32.	<b>▽</b>	I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
33.		I certify that I am authorized to order telecommunications and other supported services for the eligible entity (ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity (ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the

Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.

- I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35. I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1),(2).
- I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Signature of authorized person

39. Signature Date

- **40.** Printed name of authorized person Amy C. Grasmick
- 41. Title or position of authorized person Director
- 42a. Street Address, P.O Box or Route Number 67 North Main Street City, State Zip Code Randolph. VT 05060
- **42b.** Telephone number of authorized person: **(802) 728-5073**
- **42c.** Fax number of authorized person: (802) 728-6735
- 42d. E-mail of authorized person: kimball acg@hotmail.com
- 42e Name of authorized person's employer Town of Randolph

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

#### Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

Print

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12/10/05) Emailed To attachments@sl.universakervice.

Item 21 Attachment

Kimball Public Library 67 North Main Street Randolph VT 05060

BEN: 121803

Application: 492738

Narrative: 2 telephone lines on a Centrex system for telecommunications service

			Extended prediscount cost		
Quantity 12	Product/service description monthly telephone service	<u>Unit cost</u> \$73.00	Recurring \$876.00	Non-recurring	
		TOTAL	\$876.00		

#### Additional details:

Phone numbers on Centrex system ineligible for E-rate

> 2512 5818













20554



Rı

www.usps.com



From KIMBALL LIBRARY 67 N. MAIN ST. PANDOLPH VT 05060

TO FCC

OFFICE OF THE SECRETARY 445 12TH ST., SW ROOM TW- 4325 WASHINGTON DC

Label 228, February 2006

RECEIVED & INSPECTED

**6** 2006

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